



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

October 6, 2008

Joseph A. Messmer, Administrator
Mercy Medical Center
1512 12th Avenue Road
Nampa, ID 83686

RE: Mercy Medical Center, provider #130013

Dear Mr. Messmer:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, Mercy Medical Center, on September 29, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

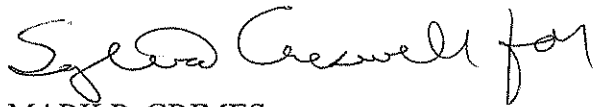
Sign and date the form(s) in the space provided at the bottom of the first page.

Joseph A. Messmer, Administrator
October 6, 2008
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **October 20, 2008**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mark P. Grimes for".

MARK P. GRIMES
Health Facility Surveyor
Facility Fire Safety and Construction Program

MPG/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/01/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130013	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____		(X3) DATE SURVEY COMPLETED 10/02/2008
NAME OF PROVIDER OR SUPPLIER MERCY MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1512 TWELFTH AVENUE ROAD NAMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
K 000	<p>INITIAL COMMENTS</p> <p>Mercy Medical Center is a four story type 1 constructed hospital which was originally constructed in 1966; the building has gone through multiple renovations and additions. The building is protected by a complete sprinkler system, fire alarm system with detection and has a type 1 essential electrical system. The facility is licensed for 152 beds, with a census of 45 on the beginning day of the survey (9/29/08).</p> <p>The facility was surveyed under the 2000 Edition of the Life Safety Code, Chapter 19, Existing Health Care Occupancies, in accordance with 42 CFR 482.41 (b) and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho.</p> <p>The following deficiency was cited during the recertification survey conducted on September 29, 2008 through October 2, 2008.</p> <p>The surveyor conducting the survey was:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety and Construction</p>	K 000			
K 056	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically</p>	K 056		<p>RECEIVED</p> <p>OCT 17 2008</p> <p>FACILITY STANDARDS</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/01/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130013	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2008
NAME OF PROVIDER OR SUPPLIER MERCY MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1512 TWELFTH AVENUE ROAD NAMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 056	<p>Continued From Page 1</p> <p>connected to the building fire alarm system. 19.3.5</p> <p>This Standard is not met as evidenced by: Based upon observation and staff interview, the facility failed to ensure sprinkler heads in remodeled areas were compatible with existing heads installed in adjacent corridors/compartments. This deficient practice could result in ordinary response heads not functioning when needed and causing additional fire spread, potentially affecting all patients, staff and visitors within the facility. The facility is licensed for 152 beds and had a census of 45 on the day of the survey.</p> <p>Findings include:</p> <p>1. During the facility tour on September 29, 2008 between 1:40 pm and 3:50 pm observation of the sprinkler system disclosed ordinary response heads and quick response heads used within the same compartment where the main lobby corridor intersected the gift shop corridor. Nine ordinary heads were located in an area contiguous to the lobby which is covered by quick response heads.</p> <p>2. During the facility tour on September 29, 2008 between 1:40 pm and 3:50 pm observation of the sprinkler system disclosed ordinary response heads and quick response heads used within the same compartment where the day surgery and recovery corridors intersect. Four ordinary heads were located in an area contiguous to the corridors that are covered by quick response heads. These findings were acknowledged by the Director of Facility Services and the Vice</p>	K 056	<p>On September 29, 2008, the ordinary response sprinkler heads were changed to quick response sprinkler heads. This was completed on the same day they were noted by the surveyor as deficient.</p> <p>On October 3, 2008, the entire hospital was surveyed and no more mixing of ordinary and quick response sprinkler heads were found.</p> <p>On October 10, 2008, the Facilities Department developed a policy that states any further sprinkler head modification(s) will be monitored and the results will be reported to the Environment of Care Committee.</p> <p>All future construction projects will be monitored to assure and verify that contractors are installing the correct sprinkler heads and there is no mixing of ordinary and quick response sprinkler heads.</p>	<p>9/29/08</p> <p>10/3/08</p> <p>10/10/08</p>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/01/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130013	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____		(X3) DATE SURVEY COMPLETED 10/02/2008
NAME OF PROVIDER OR SUPPLIER MERCY MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1512 TWELFTH AVENUE ROAD NAMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
K 056	Continued From Page 2 President/Chief Administrative Officer who immediately took steps to correct the deficiency.	K 056			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130013	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/02/2008
NAME OF PROVIDER OR SUPPLIER MERCY MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1512 TWELFTH AVENUE ROAD NAMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
B 000	<p>16.03.14 Initial Comments</p> <p>Mercy Medical Center is a four story type 1 constructed hospital which was originally constructed in 1966; the building has gone through multiple renovations and additions. The building is protected by a complete sprinkler system, fire alarm system with detection and has a type 1 essential electrical system. The facility is licensed for 152 beds, with a census of 45 on the beginning day of the survey (9/29/08).</p> <p>The facility was surveyed under the 2000 Edition of the Life Safety Code, Chapter 19, Existing Health Care Occupancies, in accordance with 42 CFR 482.41 (b) and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho.</p> <p>The following deficiency was cited during the recertification survey conducted on September 29, 2008 through October 2, 2008.</p> <p>The surveyor conducting the survey was:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety and Construction</p>	B 000			
BB162	<p>16.03.14.510.02 Life Safety Code Requirements</p> <p>Life Safety Code Requirements. The hospital shall meet such provisions of the "Life Safety Code", 1985 Edition, of the National Fire Protection Association as are applicable to Health Care Occupancies which is incorporated by reference.</p> <p>Any hospital in compliance with either the 1967 Edition of the "Life Safety Code" or the 1981 Edition of the "Life Safety Code" prior to the effective date of these rules is considered to be in compliance with this section so long as the hospital continues to remain in compliance with</p>	BB162			

RECEIVED
OCT 17 2008
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

021199

JSE021

If continuation sheet 1 of 2

Joseph A. McMorris

President / CEO

10/16/08

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 130013	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2008
NAME OF PROVIDER OR SUPPLIER MERCY MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1512 TWELFTH AVENUE ROAD NAMPA, ID 83686		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
BB162	<p>Continued From Page 1</p> <p>that Edition of the "Life Safety Code." Life Safety Codes are available in the licensing agency of the Department.</p> <p>Remodelings, additions, and/or upgrading of building systems in existing hospitals shall meet the minimum standards set forth in the 1985 Edition of the "Life Safety Code" for new construction.</p> <p>In the event of a conflict between the applicable edition of the Life Safety Code and applicable state or local building, fire, electrical, plumbing, zoning, heating, sanitation or other applicable codes, the most restrictive shall govern.</p> <p>This Rule is not met as evidenced by:</p> <p>The following deficiencies were cited at the above facility under federal K tags: K056 during the annual Fire/Life Safety survey conducted on September 29 - October 2, 2008. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, and IDAPA 16.03.14 Rules and Minimal Standards for Hospitals.</p> <p>Refer to federal form 2567 for citation text.</p>	BB162	<p>On September 29, 2008, the ordinary response sprinkler heads were changed to quick response sprinkler heads. This was completed on the same day they were noted by the surveyor as deficient.</p> <p>On October 3, 2008, the entire hospital was surveyed and no more mixing of ordinary and quick response sprinkler heads were found.</p> <p>On October 10, 2008, the Facilities Department developed a policy that states any further sprinkler head modification(s) will be monitored and the results will be reported to the Environment of Care Committee.</p> <p>All future construction projects will be monitored to assure and verify that contractors are installing the correct sprinkler heads and there is no mixing of ordinary and quick response sprinkler heads.</p>	<p>9/29/08</p> <p>10/3/08</p> <p>10/10/08</p>